

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1488
Reg. Dist. No. 137

1. PLACE OF DEATH COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Libertytown</u> TOWN <u>Libertytown</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Libertytown</u> TOWN <u>Libertytown</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>GERTRUDE W.</u> (First) <u>ALBAUGH</u> (Last)		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>28</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4/13/1871</u>
9. AGE last birthday <u>73</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>Joel Wright</u>		14. MOTHER'S MAIDEN NAME <u>Kate Wagner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mr. Howard Libertytown, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH
30 min.

Antecedent cause(s)

(b)

Arteriosclerosis

Unknown

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1949, to Feb. 27, 1951, that I last saw the deceased

alive on Jan. 28, 1957, and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Gra H. Beall, M.D.

2/28/51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE TIME OF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Mar 1 57

A. O. C.

Powell & Hartzler

Libertytown Woodshores, Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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Evidence for change
in #9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

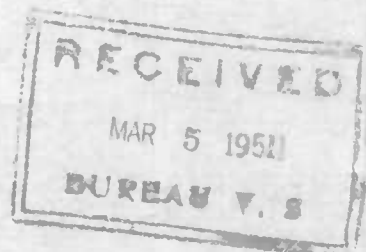
1489
Reg. Dist. No. 131

FILE No. G-131 MAR 7 1951

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Fred.	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 319 Madison Street		STREET ADDRESS (If rural, give location) 319 Madison Street	
3. NAME OF DECEASED (Type or Print)	(First) Luther	(Middle) Linward	(Last) Bell
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Apr. 17, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Laborer		10b. KIND OF BUSINESS OR INDUSTRY *****	9. AGE last birthday 70 yrs. 69 yrs.
11. BIRTHPLACE (State or foreign country) Frederick County		12. CITIZEN OF WHAT COUNTRY? Frederick County	
13. FATHER'S NAME Nathan Bell		14. MOTHER'S MAIDEN NAME Agnes Price	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. 705-07-7667	
17. INFORMANT AND ADDRESS Odie Bell 319 Madison Street			

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.1 Immediate cause (a) Coronary Thrombosis			2 days
Antecedent cause(s) (b) Chronic Myocarditis			3
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 27, 1951 , to Feb 28, 1951 , that I last saw the deceased alive on Feb 27, 1951 , and that death occurred at 3 A.M. , from the causes and on the date stated above.			
SIGNATURE Howard W. Ash M.D. Frederick Md		DATE SIGNED B-2-51	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 3, 1951	Della	Della Md.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2 March 1951	Elizabeth G. Heck	Charles E. Hicks III	Frederick, Md.

970506



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1490

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chiron Bridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>John</u> (Middle) <u>David</u> (Last) <u>Bohn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 21 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/4/1876</u>
9. AGE last birthday <u>74</u> yrs.		10. If under 1 year: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Owner</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Richard S. Bohn</u>		14. MOTHER'S MAIDEN NAME <u>Emma Regina Sayler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Wife & Bohn, Chiron Bridge, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Coronary Occlusion

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 18 1951, to February 21 1951, that I last saw the deceased alive on February 21, 1951, and that death occurred at 2:15 P.M. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

23 Feb 1951

Elizabeth S. Heck

W. D. Hartzler & Sons

Chiron Bridge New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 28 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 149

1. PLACE OF DEATH- COUNTY <i>Frederick</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Maryland</i> COUNTY <i>Frederick</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Thurmont</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Thurmont</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <i>Walnut Street</i>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <i>SAMUEL EPHRAIM BOLLER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 27. 1951</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 29, 1870</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>St. Md. R.R.</i>	9. AGE last birthday <i>80 yrs.</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Israel Boller</i>		14. MOTHER'S MAIDEN NAME <i>Savilla Harbaugh</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <i>John Boller, Thurmont, Md.</i>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x Immediate cause

(a) *Chronic myocarditis*

INTERVAL BETWEEN ONSET AND DEATH

?

93d Antecedent cause(s)

(b) *Hypertension*

?

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c) *Arteriosclerosis*

?

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb. 2*, 19*51*, to *Feb. 27*, 19*51*, that I last saw the deceasedalive on *Feb. 26*, 19*51*, and that death occurred at *1* *A.* m., from the causes and on the date stated above.

SIGNATURE

M. Frank B. Brier MD Thurmont Md.

DATE SIGNED

2/28/51

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

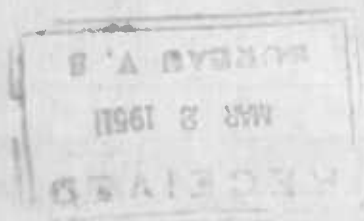
*Mar. 1 1951**Blanche S. Egle**M. L. Cragg's Son, Thurmont, Md.*

510246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1492
Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>301 Grove Blvd.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> TOWN STREET ADDRESS (If rural, give location) <u>316 East Patrick Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>RUTH</u>	(Middle) <u>CATHERINE</u>	(Last) <u>BOWERS</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>17 Aug 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House-work</u>	9. AGE last birthday <u>77</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Harvey Burke</u>		14. MOTHER'S MAIDEN NAME <u>Emma C. Crawford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Elmer H. Burke,</u>		<u>316 E. Patrick St., Frederick, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) <u>Symptomatic</u>	INTERVAL BETWEEN ONSET AND DEATH <u>7 day</u>
131a Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <u>Ch. Cardis Rnd Tumor</u>	<u>10 1/2</u>
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION
None

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1-27-51, 1951, to 2-6, 1951, that I last saw the deceased alive on 2-6, 1951, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, or other disposal (Specify) <u>Burial</u>	DATE THEREOF <u>9 Feb 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	LOCATION (City, town, or county) <u>Frederick, Maryland</u>	(State)
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DATE REC'D BY LOCAL REG. <u>8 February 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth B. Hetch</u>	24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>	ADDRESS <u>Frederick, Maryland</u>
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1493 191

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>251 West Patrick Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>MINNIE</u>	(Middle) <u>HANSHEW</u>	(Last) <u>BRISH</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 5, 1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>Ritchie Hanshaw</u>		14. MOTHER'S MAIDEN NAME <u>Martha Custer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT AND ADDRESS <u>Mr. Devillo C. Brish, Frederick, Maryland</u>

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Cerebral Hemorrhage</u>			<u>7 wks.</u>
Antecedent cause(s) (b) <u>Hypertension and Arteriosclerosis, grand mal.</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) _____		PLACE (Home, farm, factory, street, OF office hldg., etc.) _____	
SUICIDE _____		INJURY _____	
HOMICIDE _____		(CITY OR TOWN) _____ (COUNTY) _____	
TIME (Month) (Day) (Year) (Hour) _____		INJURY OCCURRED _____	
OF _____		While at _____ Not While _____	
INJURY _____ m. _____		Work <input type="checkbox"/> At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Dec., 1950, to Feb. 8, 1951, that I last saw the deceased alive on Feb. 8, 1951, and that death occurred at 11:25 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE

NAME OF CEMETERY OR CREMATOR

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

9 Feb. 1951

Elizabeth G. Heck

C. E. Cline & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

VS. A15

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Evidence for change
in #9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1494 137

FORM No. G 131 MAR 12 1951

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Fred.	
CITY (If outside corporate limits, write RURAL and give nearest town) Rural Libertytown		CITY (If outside corporate limits, write RURAL and give nearest town) Rural Libertytown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 74 Libertytown		STREET ADDRESS (If rural, give location) Box 74 Libertytown	
3. NAME OF DECEASED (First) John Thomas (Middle) Simms (Last) Brooks		4. DATE OF DEATH Feb. 8, 1951 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept. 6, 1874
9. AGE last birthday 76 yrs.		10. If under 1 year: Months 77 Days 77 Hours 77 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Contractors		10b. KIND OF BUSINESS OR INDUSTRY *****	
11. BIRTHPLACE (State or foreign country) Libertytown		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Elisah Brooks		14. MOTHER'S MAIDEN NAME Jane McGruder	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service) Spanish		16. SOCIAL SECURITY NO. 215-26-7865	
17. INFORMANT AND ADDRESS Clara Brooks Box 74 Libertytown		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Chronic Endocarditis		Unknown	
Antecedent cause(s) (b) Chronic Nephritis		Unknown	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 6, 1951 , to Feb. 8, 1951 , that I last saw the deceased alive on Feb. 8, 1951 , and that death occurred at 11 A.M. , from the causes and on the date stated above.			
SIGNATURE Bra H. Beall, M.D.		ADDRESS Libertytown, Md.	
DATE SIGNED		DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF Feb 11, 1951	
NAME OF CEMETERY OR CREMATORY John Wesley		LOCATION (City, town, or county) Libertytown	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 9 February 1951		24. FUNERAL DIRECTOR Charles E. Hicks III	
ADDRESS Fred. Md.			

290808

RECEIVED
MAR 2 1951
BUREAU A. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1495

1. PLACE OF DEATH- COUNTY <i>Frederick</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Maryland</i> COUNTY <i>Frederick</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Frederick Rural</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Bladock Heights</i>	
TOWN <i>Frederick</i>		TOWN <i>Bladock Heights</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Emergency Hospital</i>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <i>ENOCH</i> (Middle) <i>F.</i> (Last) <i>Burner</i>		4. DATE OF DEATH (Month) <i>Feb</i> - (Day) <i>14</i> (Year) <i>1951</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Dec 24, 1871</i>
9. AGE last birthday <i>79</i> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none clear</i>	
11. BIRTHPLACE (State or foreign country) <i>West Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Lafayette Burner</i>		14. MOTHER'S MAIDEN NAME <i>Caroline Gurn</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <i>Hospital Records</i>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x Immediate cause

(a) *Cardio-Renal-Vascular disease*

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *June*, 19*49*, to *Feb 14*, 1951, that I last saw the deceased alive on *Feb 13*, 1951, and that death occurred at *2:40 A* m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

14 Feb 1951 *Elizabeth G. Heck* *Robert A. Humphrey* *Bethesda*

490 VMDH *Maryland*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) 124 S. Market Street	
3. NAME OF DECEASED (Type or Print)	(First) Baby (Middle) Girl (Last) Butcher	4. DATE OF DEATH	(Month) Feb. (Day) 28 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 2-28-1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Wade C. Butcher		14. MOTHER'S MAIDEN NAME Margaret Hooper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		17. INFORMANT AND ADDRESS Wade C. Butcher	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) Exhaustion		
Antecedent cause(s) (b) Premature (6 months)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1951, to Feb 28, 1951, that I last saw the deceased alive on Feb 28, 1951, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) Burial

DATE THEREOF 3-7-51

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

LOCATION (City, town, or county) Frederick-Maryland

(State)

DATE REC'D BY LOCAL REG. 1 March 1951

REGISTRAR'S SIGNATURE Elizabeth G. Healy

24. FUNERAL DIRECTOR C.E. Cline and Son- Frederick-Maryland

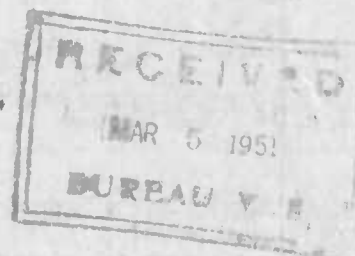
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

202 281 29 22 70



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1497

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adamstown		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adamstown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) JOSEPH (Middle) HENRY (Last) CAREY	4. DATE OF DEATH (Month) 2 (Day) 9 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 23 Aug 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Carey		14. MOTHER'S MAIDEN NAME Mary Specht	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Mrs. Ollie Carey, Adamstown, Maryland			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

Antecedent cause(s)

(b)

Arterio-sclerotic heart disease

4 yrs.

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Sept., 1947, to 9 Feb., 1951, that I last saw the deceased alive on 9 Feb., 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE TIME OF 12 Feb 1951	NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery	LOCATION (City, town, or county) (State) Point of Rocks, Maryland
DATE REC'D BY LOCAL REG. 12 Feb 1951	REGISTRAR'S SIGNATURE Elizabeth S. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

290116



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1498

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Fred.	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 152 1/2 W. All Saint St.		STREET ADDRESS (If rural, give location) 152 1/2 W. All Saint St.	
3. NAME OF DECEASED (Type or Print)	(First) Edward	(Middle) Ellsworth	(Last) Cartnail
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 12/26/1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractors Laborer		10b. KIND OF BUSINESS OR INDUSTRY *****	9. AGE last birthday 40 yrs.
11. BIRTHPLACE (State or foreign country) Frederick County		12. CITIZEN OF WHAT COUNTRY? Frederick County	
13. FATHER'S NAME Charles Cartnail		14. MOTHER'S MAIDEN NAME Annie N. Gowans	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY No. 217-12-1295	
17. INFORMANT AND ADDRESS Thelma Cartnail 152 1/2 W. All Saint			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
591x Immediate cause (a) Uremia			10 days
130 Antecedent cause(s) (b) Chronic glomerulonephritis			2 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Dec 13**, 19**49**, to **Feb 26 1951**, that I last saw the deceased alive on **Feb 25**, 19**51**, and that death occurred at **1:15** p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

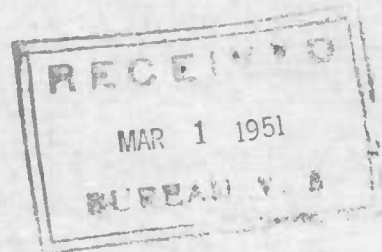
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/28/51	NAME OF CEMETERY OR CREMATORY Fairview Cemetery	LOCATION (City, town, or county) Frederick	(State) Maryland
DATE REC'D BY LOCAL REG. 27 Feb 1951	REGISTRAR'S SIGNATURE Elizabeth S. Heck	24. FUNERAL DIRECTOR Charles E. Hicks III ADDRESS Frederick, Md.		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

290208



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1499 137
 80
 Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Johnsville</u> OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STREET <u>Marshall</u> COUNTY <u>Carroll</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Marshall</u> OR TOWN <u>Marshall Bridge</u> STREET ADDRESS <u>Rural</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>ORVILLE</u> (First) <u>LEE</u> (Middle) <u>CLABAUGH</u> (Last)		4. DATE OF DEATH <u>Feb. 17 - 1951</u> (Month) (Day) (Year)	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED <u>married</u>	8. DATE OF BIRTH <u>4/25/1925</u> 25 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>yard worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cement Plant</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>not known</u>		14. MOTHER'S MAIDEN NAME <u>Rhonda Clabaugh</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or dates of service)		16. SOCIAL SECURITY No. <u>220-16-0980</u>	
17. INFORMANT AND ADDRESS <u>Marion R. Clabaugh - Elm. Bridge Rd.</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>Instant.</u>
Immediate cause (a) <u>Broken, Fractured Cervical Spine</u>		
Antecedent cause(s) (b) <u>8255 170C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>		
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>Highway</u>	(CITY OR TOWN) <u>Johnsville</u> (COUNTY) <u>Frederick</u> (STATE) <u>Md.</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Feb. 17, 51, 1a.</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Automobile accident</u>

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE <u>Charles H. Conley, M.D.</u> (Degree or title)	ADDRESS <u>1425 E. Main St. Frederick, Md.</u>	DATE SIGNED <u>17 Feb. 51</u>
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23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2/19/51</u>	NAME OF CEMETERY OR CREMATORY <u>Pike Creek Bur. & Crematory</u>	LOCATION (City, town, or county) <u>Frederick</u> (State) <u>Md.</u>
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DATE REC'D BY LOCAL REG. <u>6-2-51</u>	REGISTRAR'S SIGNATURE <u>Charles H. Conley</u>	24. FUNERAL DIRECTOR <u>W. H. Harkins & Sons</u>	ADDRESS <u>970 Bldg. Elm. Bridge & New Market Rd.</u>
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 18 1951
BUREAU Y. O.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1500

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) Town State Sanatorium		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.		STREET ADDRESS (If rural, give location) 4407 Walther Ave.	
3. NAME OF DECEASED (Type or Print) George	(First) H.	(Last) Clift	4. DATE OF DEATH (Month) (Day) (Year) Feb. 19 19 51
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 2/2/1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Worker		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 65 yrs.
13. FATHER'S NAME Thomas Clift		11. BIRTHPLACE (State or foreign country) England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY No. 101-05-3337		14. MOTHER'S MAIDEN NAME Fanny Taylor	
17. INFORMANT Deceased			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH About 4 1/2 Yrs.
Immediate cause (a) Pulmonary Tuberculosis			
Antecedent cause(s) (b) 135			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma		About 8 Yrs.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4/23**, 19 **47**, to **2/19**, 19 **51**, that I last saw the deceased alive on **2/19**, 19 **51**, and that death occurred at **11:35A** m., from the causes and on the date stated above.

SIGNATURE **J. D. Lyon, M.D.** ADDRESS **State Sanatorium, Md.** DATE SIGNED **2/21/51**

23. BURIAL, CREMATION, REMOVAL (Specify) 2-22-51	DATE	NAME OF CEMETERY OR CREMATORY Flushing Chapel Cem.	LOCATION (City, town, or county) Flushing Long Island N.Y.	(State)
DATE REC'D BY LOCAL REG. 2/21/51	REGISTRAR'S SIGNATURE J. D. Lyon	24. FUNERAL DIRECTOR M. L. Creighton - Shumard, Md.		ADDRESS

544 VVV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED IN THE OFFICE OF THE SECRETARY OF THE ARMY

WASHINGTON, D. C.

OFFICE OF THE SECRETARY OF THE ARMY

RECEIVED
FEB 23 1951
OFFICE OF THE SECRETARY OF THE ARMY

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

1501

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Adamstown-Rural RD#1		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adamstown-Rural RD#1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Lily Pons		STREET ADDRESS (If rural, give location) Near Lily Pons	
3. NAME OF DECEASED (Type or Print)	(First) HARRY	(Middle) GILMORE	(Last) COSGRAVE
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 12 Oct 1882
9. AGE last birthday 68 yrs.		4. DATE OF DEATH 2 (Month) 2 (Day) 1951 (Year)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Col. William J. Cosgrave		14. MOTHER'S MAIDEN NAME Alice Plummer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS R. F. D. #1, Mrs. Annie Cosgrave, Adamstown, Maryland

18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion	Gradual 54 years
Antecedent cause(s) (b) arteriosclerosis	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) Home
TIME (Month) (Day) (Year) (Hour) DEATH 2-2-51 6 A m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>
HOW DID INJURY OCCUR?	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE) Lily Ponds Frederick Md.

22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE R. W. Bar		DATE SIGNED 2 Feb 1951	
23. BURIAL, CREMATION, or other (Specify) Burial		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	
DATE THEREOF 5 Feb 1951		LOCATION (City, town, or county) (State) Frederick, Maryland	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS 29011 C	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1502 31

1. PLACE OF DEATH. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Fred.	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hosp.		STREET ADDRESS (If rural, give location) 116 Ice Street	
3. NAME OF DECEASED (Type or Print) Laura		4. DATE OF DEATH Feb. 1, 1951	
5. SEX Female		6. COLOR OR RACE Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 28 July 1894	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY *****	
13. FATHER'S NAME Samuel Dixon		14. MOTHER'S MAIDEN NAME Charlotte Virginia Parker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Floyd Dixon 308 N. Bentz St.			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) Coronary occlusion			Hours
Antecedent cause(s)			
940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertension			years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **22 January, 1951**, to **1 February 1951**, that I last saw the deceased alive on **31 January, 1951**, and that death occurred at **10:45 A.M.**, from the causes and on the date stated above.

SIGNATURE **James B. Thomas, M.D.** ADDRESS **Frederick, Maryland** DATE SIGNED **2/2/51**

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2-5-51	NAME OF CEMETERY OR CREMATORY Fairview	LOCATION (City, town, or county) Frederick Md.
DATE REC'D BY LOCAL REG 5 February 1951	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR Charles E. Hicks III	ADDRESS Frederick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

1593

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Thurmont</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Thurmont</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Chanson</u> (Middle) <u>Andrew</u> (Last) <u>Blomer</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>20</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 30, 1870</u>
9. AGE last birthday <u>80</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Frederick Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>W. Blomer</u>		14. MOTHER'S MAIDEN NAME <u>Anna Reichelberger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Ross Stull Thurmont Md.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

156.1
46 f

Immediate cause

(a)

Carcinomatosis3 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Carcinoma of liver1 yr.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.Chronic myocarditis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1950, to Feb. 20, 1951, that I last saw the deceasedalive on Feb. 19, 1951, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Feb. 23, 1951Blanche S. EylesM. S. Degeer & Son, Thurmont, Md.

290116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1594

Evidence for change
in 8 shown on:

CERTIFICATE OF DEATH

Reg. Dist. No. 131

FILE NO. G 152 APR 10 1951

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Fred.	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Lincoln Apt.		STREET ADDRESS (If rural, give location) 16 Lincoln Apt.	
3. NAME OF DECEASED (Type or Print) Malinda Ellen Douglass		4. DATE OF DEATH Feb. 6, 1951	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH July 4, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY *****	9. AGE last birthday 78 1/2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Burkittsville, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Samuel Thomas		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Ida Steward 16 Lincoln Apt.			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage		Several hrs
Antecedent cause(s)	(b) Hypertension		Several yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis		Several yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from....., 1940, to 2/5/51, that I last saw the deceased alive on 2-5-1951, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE **D. M. G. Bourne, Jr.** ADDRESS **Fredenest. and 2/9/51**

23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE Feb 10, 1951	NAME OF CEMETERY OR CREMATORY Fairview	LOCATION (City, town, or county) Frederick Md.	(State)
DATE REC'D BY LOCAL REG. 9 Feb 1951		REGISTRAR'S SIGNATURE Elizabeth S. Heck		24. FUNERAL DIRECTOR Charles E. Hicks III	
				ADDRESS Fred. Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 13 1951
BUREAU OF AERONAUTICS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1505

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural - Frederick</u> LENGTH OF STAY (in this place) <u>20 years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural - Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Monterrose - County Home</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>William</u> (First) <u>D</u> (Middle) <u>Fagle</u> (Last)	4. DATE OF DEATH <u>February 2</u> (Month) (Day) (Year) <u>19 07</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 12, 1870</u>
9. AGE last birthday <u>30</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>Salomon Fagle</u>	14. MOTHER'S MAIDEN NAME <u>Mary Fagle</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY No. <u>None</u>	17. INFORMANT AND ADDRESS <u>Records at Monterrose - Frederick, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Coronary occlusion

Antecedent cause(s)

(b) Arteriosclerotic heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 29 January 1907, to 2 February 1907, that I last saw the deceased alive on 29 January 1907, and that death occurred at 9:00 A.M. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Rural</u>	<u>Feb. 3, 1907</u>	<u>Monterrose Cemetery</u>	<u>Frederick, Maryland</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>3 February 1907</u>	<u>Elizabeth G. Heck</u>	<u>C. E. Cline & Son</u>	<u>Frederick, Maryland</u>

VS. A15

970 044

RECEIVED
FEB 6 1951
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1506

1. PLACE OF DEATH: COUNTY <u>Fredrick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Montgomery</u> COUNTY <u>Fredrick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
TOWN <u>Frederick</u>		TOWN <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Hawthorn Manor</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Houston Monroe Fendley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 21 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5/3-1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>	9. AGE last birthday <u>75</u> yrs. If under 1 year 12 mos. If under 24 hrs. Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Independence Va</u>		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME <u>Daniel Fendley</u>		14. MOTHER'S MAIDEN NAME <u>Angie Anderson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Laura Fendley, Frederick Md</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Chronic myocarditis</u>			<u>5 yrs.</u>
Antecedent cause(s) (b) <u>Bronchial Asthma</u>			<u>20 yrs.</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
(CITY OR TOWN)		(COUNTY)	
(STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 15, 1950</u> , to <u>Feb 18, 1951</u> , that I last saw the deceased alive on <u>Feb 15, 1951</u> , and that death occurred at <u>4:30</u> p.m., from the causes and on the date stated above.			
SIGNATURE <u>W. H. M. D.</u>		ADDRESS <u>Frederick Md.</u>	
DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>2/23/51</u>	
NAME OF CEMETERY OR CREMATORY <u>Chestnut Grove</u>		LOCATION (City, town, or county) <u>Frederick</u>	
(State) <u>MD</u>			
DATE REC'D BY LOCAL REG. <u>3/25/51</u>		REGISTRAR'S SIGNATURE <u>W. H. M. D.</u>	
24. FUNERAL DIRECTOR <u>W. H. M. D.</u>		ADDRESS <u>Frederick Md.</u>	

MAILED 007 FROM FREDERICK

290116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

BUREAU V. P.

MAR 2 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1507 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Walkersville</u> TOWN <u>Walkersville</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Walkersville</u> TOWN <u>Walkersville</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Joseph Franklin Fox</u>		4. DATE OF DEATH <u>Feb. 17 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 2, 1866</u>
9. AGE last birthday <u>84</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, exact if retired) <u>Blacksmith</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Iron & wood work</u>	11. BIRTHPLACE (State or foreign country) <u>Carroll Co., Md.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Samuel B. Fox</u>	
14. MOTHER'S MAIDEN NAME <u>Mary A. Young</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY No. <u>—</u>		17. INFORMANT <u>Mrs. Glenn Stahl</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Cerebral Thrombosis</u>		<u>10 days</u>
Antecedent cause(s) (b) <u>Arteriosclerosis, generalized</u>		<u>15 years</u>
(c) <u>—</u>		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>—</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>—</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>
HOW DID INJURY OCCUR? <u>—</u>	

22. I hereby certify that I attended the deceased from Feb. 5, 1951, to Feb. 17, 1951, that I last saw the deceased alive on Feb. 17, 1951, and that death occurred at 8 p.m., from the causes and on the date stated above.

SIGNATURE Spencer J. M.W. (Degree or title) ADDRESS Walkersville Md. DATE SIGNED 19 Feb 51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Feb. 20, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Wt. Hope</u>	LOCATION (City, town, or county) <u>Walkersville, Md.</u>	(State) <u>Md.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 19, 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>	24. FUNERAL DIRECTOR <u>Burke & Hartley</u> ADDRESS <u>Walkersville Md.</u>		

501VVV Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 23 1951

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1508 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Montgomery</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rockville, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u></u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Joseph</u> (Middle) <u>3</u> (Last) <u>HALLER</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>23</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>5/15/1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OR BUSINESS OR INDUSTRY <u>None</u>	9. AGE last birthday <u>77</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Joseph Haller</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mr Robert Haller, Rockville, Md.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201 Immediate cause (a) <u>coronary infarct</u>	INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (b) <u>Coronary occlusion</u>	<u>48 hours</u>
(c) <u>Hypertension</u>	<u>10 years</u>

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) <u>none</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>none</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u></u>

22. I hereby certify that I attended the deceased from Jan., 1948, to 23 Feb., 1951, that I last saw the deceased alive on 23 Feb., 1951, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

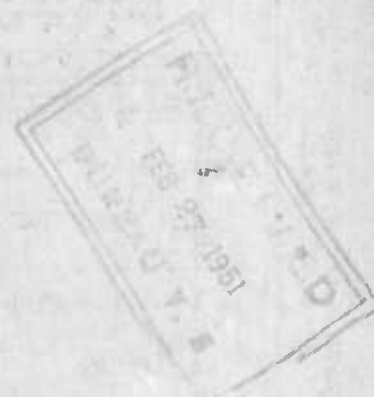
SIGNATURE John S. Lawcett M.D. (Degree or title) Boyd. ADDRESS Md. 23 Feb 51 DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2/25/51</u>	NAME OF CEMETERY OR CREMATORY <u>Monroeville</u>	LOCATION (City, town, or county) (State) <u>Rockville, Md.</u>
DATE REC'D BY LOCAL REG. <u>24 February 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	24. FUNERAL DIRECTOR <u>William B. Hill</u>	ADDRESS <u>10045 Rockville, Md.</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS 464 West South Street	
3. NAME OF DECEASED (Type or Print)	(First) FRANKLIN (Middle) HARRY (Last) HARRINGTON	4. DATE OF DEATH	(Month) 2 (Day) 12 (Year) 19 51
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1 Sept 1884
9. AGE last birthday 66 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Purchasing Department	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Dolphus Harrington		14. MOTHER'S MAIDEN NAME Catherine E. Bare	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Mrs. May B. Harrington, 464 W. South St., Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

199.1

Immediate cause

(a) *Coronary occlusion**1/2 hour*

552

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) *Carcinoma of abdominal tract**6 mo. +*(c) *Chronic pyelonephritis**6 mo. +*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1951, to Feb 12, 1951, that I last saw the deceased

alive on Feb 11, 1951, and that death occurred at 3:50 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

Burial

15 Feb 1951

Mount Olivet Cemetery

Frederick, Maryland

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

13 Feb. 1951

Elizabeth G. Heck

M. R. Etchison & Son, Frederick, Maryland

390246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1961
BUREAU OF A. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1510131

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY <u>Fredrick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Washington</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Fredrick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Fredrick</u>	
TOWN <u>Fredrick</u>		TOWN <u>Williamsport</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>I.O.O.F. Home Fredrick, Md.</u>		STREET ADDRESS <u>I.O.O.F. Home Fredrick, Md.</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>Annie</u> (Middle) <u>Laura</u> (Last) <u>Harsh</u>		(Month) <u>Feb.</u> (Day) <u>11</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>June 12, 1871</u>
9. AGE last birthday <u>79</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
11. BIRTHPLACE (State or foreign country) <u>Washington County, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Spigler</u>		14. MOTHER'S MAIDEN NAME <u>Annie Elizabeth Farrow</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Grace Wright; Williamsport, Md.</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
Immediate cause <u>(a) acute dilatation of heart.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
Antecedent cause(s) <u>(b) A stertor sclerosiv. chronic bronchitis</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>(c)</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Feb 1, 1951, to Feb 11, 1951, that I last saw the deceased alive on Feb 11, 1951, and that death occurred at 5:02 P.m., from the causes and on the date stated above.

SIGNATURE W. M. Smith (Degree or title) ADDRESS St. Pauls Cemetery DATE SIGNED Feb 14, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE Feb 14, 1951 NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery LOCATION (City, town, or county) (State) Near Clearspring, Maryland

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE February 1951 Elizabeth G. Heck 24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport, Md.

MARGIN RESERVED FOR BINDING

VS. 415

RECEIVED
FEB 13 1951
BUREAU T. I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1511 131

1. PLACE OF DEATH: County <u>Frederick</u> City or town <u>Point of Rocks</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>20 years</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Frederick</u> City or town <u>Point of Rocks</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME <u>Richard W. Hauer</u>			3. (b) Social Security Number		
MEDICAL CERTIFICATION					
4. Sex <u>Male</u>			5. Color or race <u>White</u>		
6. (a) Name of husband or wife <u>Ida B. Hauer</u>			6. (c) If alive, give age <u>73</u> years		
7. Birth date of deceased (mo., day, yr.) <u>Nov. 26 1874</u>			8. AGE: Years <u>76</u> Months _____ Days _____ It less than one day _____ hrs. _____ min.		
9. Birthplace <u>London Co Virginia</u> (Town, county, and state)			10. Usual occupation <u>Laborer</u>		
11. Industry or business			20. DATE OF DEATH <u>Feb 18</u> 19 <u>51</u> at <u>3:15 P.M.</u>		
12. Name <u>Gen. Hauer</u>			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Feb 13</u> 19 <u>51</u> to <u>Feb 18</u> 19 <u>51</u> and that I last saw him alive on <u>Feb 17</u> 19 <u>51</u> Immediate cause of death <u>Cerebral hemorrhage</u> Due to <u>Generalized arteriosclerosis and hyphema</u> Due to _____ Other conditions <u>331x</u> <u>83a</u> (Include pregnancy within 3 months of death) Major findings of operations _____ Date of op. _____ Autopsy results _____ PHYSICIAN: Please underline the cause to which death should be charged statistically.		
13. Birthplace <u>Virginia</u>			22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide _____ Date of _____ Where did injury occur? _____ (City or town) _____ (County) _____ (State) Injured at home, farm, industry, public place (where?) _____ Means of injury _____ Injured at work? _____		
14. Maiden name <u>Sallie Woodard</u>			23. SIGNATURE <u>C. Leland Breie</u> M. D. or other _____ Address <u>Jefferson 789</u> Date signed <u>2/18/51</u>		
15. Birthplace <u>Virginia</u>			16. Informant <u>Ida B. Hauer</u> Address <u>Point of Rocks Ind</u>		
17. Burial (Burial, cremation, or removal, which?) <u>Burial</u> Date thereof <u>2/21/51</u> (month) (day) (year) Cemetery or crematory <u>Union</u> Location <u>Leeterville Va</u>			18. Funeral director <u>B. H. Feek & Bro.</u> Address <u>Brunswick Md</u>		
19. 18 February 1951 (Date rec'd by registrar)			Registrar <u>Elizabeth G. Heck</u>		

RECEIVED
FEB 20 1951
W. R. BAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural, Union Bridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fred Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
<u>JAMES</u>	<u>EDWARD</u>	<u>HAUGH</u>	
4. DATE OF DEATH	(Month)	(Day)	(Year)
<u>Feb.</u>	<u>13</u>	<u>1951</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
<u>M</u>	<u>W</u>	<u>Married</u>	<u>July 2, 1865</u>
9. AGE last birthday	If under 1 year	If under 24 hrs.	
<u>85</u> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<u>Salesman</u>	<u>A.P. Metz products</u>	<u>md.</u>	<u>U.S.A</u>
13. FATHER'S NAME <u>Joseph E. Haugh</u>		14. MOTHER'S MAIDEN NAME <u>Mary E. Grimes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY No.	
<u>no</u>		<u>-</u>	
17. INFORMANT <u>Joseph W. Haugh, Union Bridge, md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) <u>Acute myocardial failure</u>	<u>2 days</u>
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Arteriosclerotic Cardiovascular Disease</u>	<u>20 years</u>
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN)	(COUNTY)
<u>SUICIDE</u>	<u>INJURY</u>		
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?	
<u>OF</u>	While at		
<u>INJURY</u>	Work <input type="checkbox"/> Not While <input type="checkbox"/> At work <input type="checkbox"/>		

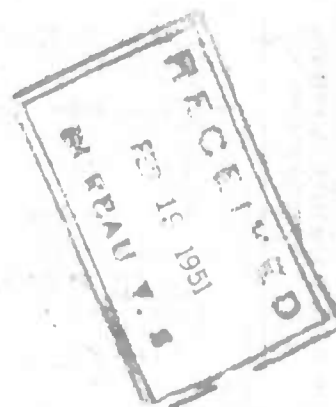
22. I hereby certify that I attended the deceased from <u>1 June</u> , 19 <u>49</u> , to <u>13 Feb</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>13 Feb</u> , 19 <u>51</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.			
SIGNATURE		ADDRESS	DATE SIGNED
<u>Samuel J. M.D.</u>		<u>Walkersville Md</u>	<u>14 Feb 51</u>
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>Feb. 17, 1951</u>	<u>Zion Cemetery, Haugh</u>	<u>Mr. Ladisburg Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
<u>16 Feb. 1951</u>	<u>Eligible G. Heck</u>	<u>J.C. Barton</u>	<u>Walkersville Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH

OFFICE OF THE DEATH



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change
in #9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **131**

1. PLACE OF DEATH- COUNTY Fredrick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Wash.	
CITY (If outside corporate limits, write RURAL and give nearest town) Fredrick		CITY (If outside corporate limits, write RURAL and give nearest town) Rural Waverton	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fredrick Memorial Hospital		STREET ADDRESS (If rural, give location) —	
3. NAME OF DECEASED (Type or Print) Ms Ella (First) (Middle) (Last) Hoffmaster		4. DATE OF DEATH Feb. 24 (Month) (Day) (Year) 1957	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH 3/12/76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE last birthday 74 75 yrs. If under 1 year Months Days Hours Min.
13. FATHER'S NAME Mr Lawson Ousherman		14. MOTHER'S MAIDEN NAME Mary Hoffmaster	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	
17. INFORMANT AND ADDRESS Charles Hoffmaster, Box 116 Md.		12. CITIZEN OF WHAT COUNTRY?	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Acute Coronary Thrombosis**

Antecedent cause(s)

(b) **Arteriosclerotic Heart Disease**

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c) **Myocardial Insufficiency**

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

1 day

21. ACCIDENT SUICIDE HOMICIDE

(Specify) **—**PLACE (Home, farm, factory, street, OF office bldg., etc.) **INJURY**

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY **—**INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

20. AUTOPSY?

Yes ☐ No ☒

22. I hereby certify that I attended the deceased from **Feb. 12**, 19**57**, to **Feb. 24**, 19**57**, that I last saw the deceased

alive on **Feb. 24**, 19**57**, and that death occurred at **3 P.** m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

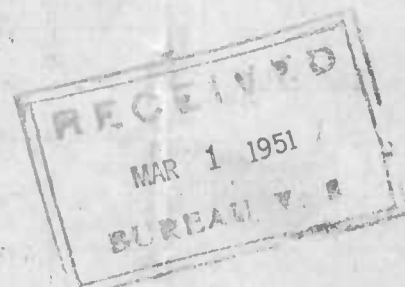
23. BURIAL, CREMATION, REINTERMENT (Specify)

DATE THEREOF **2-27-57**NAME OF CEMETERY OR CREMATORY **Brownsville**LOCATION (City, town, or county) **Brownsville Maryland**

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE **Elizabeth S. Hecker**24. FUNERAL DIRECTOR **C. H. Fetter & Bro**ADDRESS **Brownsville Md.**



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1514 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md.</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Walkersville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Dorothy</u> (Middle) <u>Elaine</u> (Last) <u>Hummer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb.</u> <u>18</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Oct. 14, 1950</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>4. mo</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>	
13. FATHER'S NAME <u>Mr. Raymond Hummer</u>		14. MOTHER'S MAIDEN NAME <u>Hallie M. Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Raymond M. Hummer, Walkersville, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Bronchial Pneumonia

INTERVAL BETWEEN ONSET AND DEATH
3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Birth 19....., to Feb. 18, 1951, that I last saw the deceased

alive on Feb. 18, 1951, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

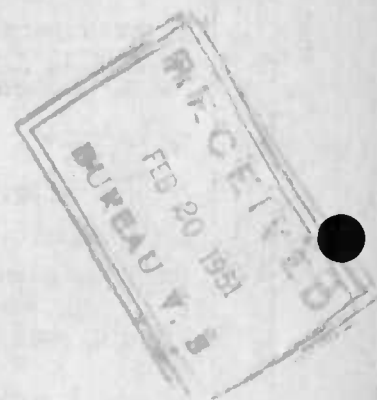
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Feb. 21, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Glade</u>	LOCATION (City, town, or county) (State) <u>Mr. Walkersville, Md.</u>
DATE REC'D BY LOCAL REG. <u>19 Feb. 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	24. FUNERAL DIRECTOR <u>J. C. Barton</u>	ADDRESS <u>Walkersville, Md.</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

1515

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederickville</u> OR <u>Frederickville</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Myersville</u> OR <u>Myersville</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Beulah</u> (Middle) <u>Mae</u> (Last) <u>Johnson</u>	4. DATE OF DEATH (Month) <u>2</u> (Day) <u>25</u> (Year) <u>1951</u>	5. SEX <u>female</u> 6. COLOR OR RACE <u>white</u> 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	
8. DATE OF BIRTH <u>7/24/1913</u>	9. AGE last birthday <u>37</u> yrs. If under 1 year Months Days If under 24 hrs Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>factory worker</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>suit factory</u>	
11. BIRTHPLACE (State or foreign country) <u>Myersville, Md.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13. FATHER'S NAME <u>Edwin L. Johnson</u>		14. MOTHER'S MAIDEN NAME <u>Hazel L. Summers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>214-10-5581</u>	
17. INFORMANT AND ADDRESS <u>Edwin L. Johnson, Myersville, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) FRACTURED SKULL

Antecedent cause(s) (b) 62519

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 170C

INTERVAL BETWEEN ONSET AND DEATH 2 hrs +

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ PLACE (Home, farm, factory, street, office, hotel, etc.) Highway (CITY OR TOWN) Myersville (COUNTY) Frederick (STATE) Md.
 CAUSE OF DEATH. Automobile accident
 TIME (Month) (Day) (Year) (Hour) FEB. 24, 1951 11:30 p.m. INJURY OCCURRED While at ☒ work Not while at work ☐ HOW DID INJURY OCCUR? Automobile accident

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) Charles H. Bruley, Jr., M.D., M.S., M.P.H. ADDRESS Frederick, Md. DATE SIGNED 2/25/51.

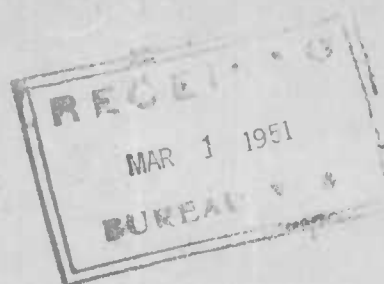
23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2/27/1951 NAME OF CEMETERY OR CREMATORY Lutheran Cemetery LOCATION (City, town, or county) (State) Middletown, Md.

DATE REC'D BY LOCAL REG. 2-27-51 REGISTRAR'S SIGNATURE Elizabeth S. Hoch 24. FUNERAL DIRECTOR Gladhill Co., Middletown, Md. ADDRESS

690 448

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Buckeystown		CITY (If outside corporate limits, write RURAL and give nearest town) Buckeystown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) WILLIAM (Middle) THOMAS (Last) KABRICK	4. DATE OF DEATH (Month) 2 (Day) 1 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 18 March 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Stone Quarry	9. AGE last birthday 74 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Kabrick		14. MOTHER'S MAIDEN NAME Rebecca Wenrick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ??	
17. INFORMANT AND ADDRESS Mrs. Ella Kabrick, Buckeystown, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x Immediate cause (a) Cerebral hemorrhage
83a Antecedent cause(s) (b) Hypertension
giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

3 days

years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1/27, 1957, to 2/1, 1957, that I last saw the deceased alive on 1/27, 1957, and that death occurred at 5:50 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF 3 Feb 1957	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
DATE REC'D BY LOCAL REG. 1 February 1957	REGISTRAR'S SIGNATURE Elizabeth G. Tech.	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		

970236

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> TOWN <u>Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Middletown</u> TOWN <u>Rural Middletown</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
	<u>Millard F.</u>	<u>Kefauver</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<u>male</u>	<u>white</u>	<u>widowed</u>	<u>2/10/1856</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.
<u>farmer, ret.</u>	<u>farm owner</u>	<u>Middletown, Md.</u>	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY No.
<u>Jacob Kefauver</u>	<u>Lanora Coblentz</u>	<u>no</u>	<u>none</u>
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
<u>Mrs. Maurice Coblentz, Middletown, Md.</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion
Antecedent cause(s) (b) 94a
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH
4 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb 21, 1951, to Feb 25, 1951, that I last saw the deceased alive on Feb 24, 1951, and that death occurred at 11:45 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>2/28/1951</u>	<u>Reformed Cemetery</u>	<u>Middletown, Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>2-27-51</u>	<u>Elizabeth G. Heide</u>	<u>Gladhill Co., Middletown, Md.</u>		

290116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139.....

1518

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Baltimore	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN State Sanatorium LENGTH OF STAY (In this place) Since 1/8/51		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.		STREET ADDRESS (If rural, give location) 235 Ashwood Rd.	
3. NAME OF DECEASED (Type or Print)	(First) Eileen	(Middle)	(Last) Keller
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	4. DATE OF DEATH Feb. 22 19 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH 1/10/1916	9. AGE last birthday 35 yrs. If under 1 year: Months 1 Days 12 If under 24 hrs. Hours 12 Min.
13. FATHER'S NAME William Gildenfenny	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U. S.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY No. 220-12-6926	14. MOTHER'S MAIDEN NAME Barbara E. Creswell	
17. INFORMANT Deceased			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH About 5 1/2 Yrs.
Immediate cause (a) Pulmonary Tuberculosis		
Antecedent cause(s) (b) 138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus		About 5 1/2 Yrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

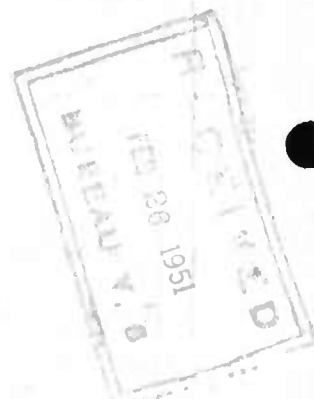
22. I hereby certify that I attended the deceased from **1/8**, 19**51**, to **2/22**, 19**51**, that I last saw the deceased alive on **2/22**, 19**51**, and that death occurred at **5:10 P.m.**, from the causes and on the date stated above.

SIGNATURE **P. B. Ayon, M.D.** (Degree or title) ADDRESS **State Sanatorium, Md.** DATE SIGNED **2/23/51**

23. BURIAL, CREMATION, REMOVAL (Specify) 2-26-51	NAME OF CEMETERY OR CREMATORY Marceland Memorial	LOCATION (City, town, or county) Baltimore, Md.	(State)
DATE REC'D BY LOCAL REG. 2/23/51	REGISTRAR'S SIGNATURE P. B. Ayon	24. FUNERAL DIRECTOR M. L. Craggs & Son - Thurmont Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) BUCKEYSTOWN		CITY (If outside corporate limits, write RURAL and give nearest town) BUCKEYSTOWN	
TOWN BUCKEYSTOWN		TOWN BUCKEYSTOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) JOHN (Middle) FLETCHER (Last) KELLER		4. DATE OF DEATH (Month) February (Day) 10 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept. 2, 1873
9. AGE last birthday 77 yrs.		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Otho J. Keller		14. MOTHER'S MAIDEN NAME Margaret Burnette	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Mrs. John F. Keller, Buckeystown, Maryland			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Metastatic Carcinoma	3 mo +
Antecedent cause(s)	(b) Squamous Cell Carcinoma Tongue	1 year +
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION now	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 24, 1950, to Feb 10, 1951, that I last saw the deceased alive on Feb 7, 1951, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	DATE SIGNED
[Signature]	Feb. 13, 1951	Mount Olivet Cemetery	Frederick, Maryland	2/12/51
23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	DATE SIGNED
BURIAL	Feb. 13, 1951	Mount Olivet Cemetery	Frederick, Maryland	2/12/51
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
12 Feb 1951	[Signature]	C. E. Cline & Son,	Frederick, Maryland	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

250936



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY --	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN From 10/26/49 to 2/5/51		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium		STREET ADDRESS (If rural, give location) 1822 Light Street	
3. NAME OF DECEASED (First) Robert (Middle) Kelm (Last) Kelm		4. DATE OF DEATH (Month) Feb. (Day) 5. (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 11, 1905
9. AGE last birthday 45 yrs.		10. CITIZEN OF WHAT COUNTRY? U.S.	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Julius Kelm		14. MOTHER'S MAIDEN NAME Christina Ballinger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. 217-01-4564	
17. INFORMANT Patient			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pulmonary Tuberculosis			2 yrs.
Antecedent cause(s) (b) 002x 13b			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

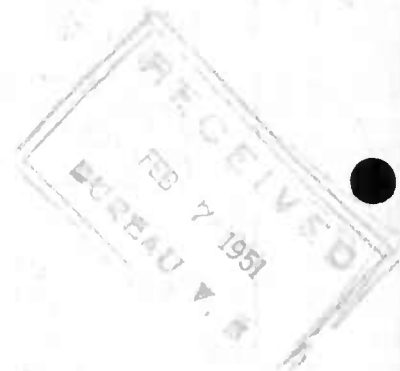
22. I hereby certify that I attended the deceased from **Oct. 26, 1949.** to **Feb. 5, 1951**, that I last saw the deceased alive on **Feb. 5, 1951**, and that death occurred at **11:15 Pm.**, from the causes and on the date stated above.

SIGNATURE J. B. Lyon M.D.	ADDRESS State Sanatorium, Md.	DATE SIGNED 2/6/51
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2-9-51	NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Calverton	(State) Md.	
DATE REC'D BY LOCAL REG. 2/6/51	REGISTERED SIGNATURE J. B. Lyon	24. FUNERAL DIRECTOR Rev. L. Beyer Jr.
		ADDRESS Hollins St - Balt Md.

574246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1521

Reg. Dist. No. 132

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN State Sanatorium		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.		STREET ADDRESS (If rural, give location) 611 W. Baltimore St.	
3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Langlutz		4. DATE OF DEATH (Month) (Day) (Year) Feb. 20 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 5/13/1900
9. AGE last birthday 50 yrs.		10. AGE last birthday 50 yrs.	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME August Langlutz		14. MOTHER'S MAIDEN NAME Julia Dean	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. 218-09-8371	
17. INFORMANT Deceased			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Rheumatic Cardio-Vascular Disease			Unknown
Antecedent cause(s) (b) 415x 13.6			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Pulmonary Tuberculosis			About 4 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1/25, 1951, to 2/20, 1951, that I last saw the deceased alive on 2/20, 1951, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE J. Boyon, M.D. (Degree or title) ADDRESS State Sanatorium, Md. DATE SIGNED 2/21/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 23/51	London Park	Balti. City	Md.
DATE REC'D BY LOCAL REG.	REGISTER'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
2/21/51	<u>J. D. Ryan</u>	<u>Rollie C. Walters</u>	<u>515 246</u> <u>Pratt & Strickland St. Balt. 123 Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAINTAIN STATE OF MIND

CONFIDENTIAL - EYE EAT

RECEIVED
FEB 28 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1522
 Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 410 East Patrick Street		STREET ADDRESS (If rural, give location) 410 East Patrick Street	
3. NAME OF DECEASED (Type or Print)	(First) LILLIE	(Middle) BONDELLA	(Last) LANTZ
4. DATE OF DEATH	(Month) 2	(Day) 1	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW	8. DATE OF BIRTH 20 Aug 1872
9. AGE last birthday 78 ym.		If under 1 year Months	If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Samuel Fitez		14. MOTHER'S MAIDEN NAME Susan Virginia Fogle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Merhl A. Lantz, 410 E. Patrick St., Frederick, Md.			

18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(a) 241x Immediate cause status asthmaticus			5 days
(b) 112 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) None	
TIME (Month) (Day) (Year) (Hour) DEATH 2-1-51 2:30A m.		HOW DID INJURY OCCUR? None	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE A. W. Pau		DATE SIGNED 1 Feb 1951	
Deputy Medical Examiner, Frederick, Maryland			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 4 Feb 1951	
NAME OF CEMETERY OR CREMATORY Frederick Memorial Park		LOCATION (City, town, or county) Frederick, Maryland	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Middletown		CITY (If outside corporate limits, write RURAL and give nearest town) Rural Middletown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) John Henry Marker		4. DATE OF DEATH (Month) 2 (Day) 11 (Year) 1951	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3/26/1866
9. AGE last birthday 84 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer, ret.		10b. KIND OF BUSINESS OR INDUSTRY farm owner	
11. BIRTHPLACE (State or foreign country) Myersville, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Peter Marker		14. MOTHER'S MAIDEN NAME Myra Shank	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY No. none	
17. INFORMANT AND ADDRESS Mrs. Noah Burtner, Middletown, Md.			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause Cerebral Hemorrhage			9 days
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Hypertension			
(c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 2 , 19 51 , to Feb. 11 , 19 51 , that I last saw the deceased alive on Feb. 8 , 19 51 , and that death occurred at 1:25 A m., from the causes and on the date stated above.			
SIGNATURE J. E. Harp MD		ADDRESS Middletown DATE SIGNED 2-12-51	
23. BURIAL, CREMATION, REINTERMENT (Specify)		DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	
Burial		2/14/1951 Boonsboro Cemetery Boonsboro, Md.	
DATE REC'D BY LOCAL REG.		24. FUNERAL DIRECTOR ADDRESS	
Feb 12-51		Gladhill Co., Middletown, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

290116



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1524

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write or give nearest town) TOWN <u>Brunswick</u>		CITY (If outside corporate limits, write or give nearest town) TOWN <u>Brunswick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>807 East Potomac St</u>		STREET ADDRESS (If rural, give location) <u>807 East Potomac St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Elizabeth Sarah McYaha</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>9</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6-1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE last birthday <u>75</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Claude M. McYaha Brunswick Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Cerebral hemorrhage</u>		<u>2 days</u>
Antecedent cause(s) (b) <u>Diabetic mellitus</u>		<u>20 yrs</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-7- 1951, to 2-9- 1951, that I last saw the deceased alive on 2-9- 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	ADDRESS <u>Brunswick, Md</u>	DATE SIGNED <u>2-10-51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>2-12-1951</u>	NAME OF CEMETERY OR CREMATORY <u>Locust Valley</u>	LOCATION (City, town, or county) (State) <u>Rural Brunswick Md.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 10-51</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Brown</u>	24. FUNERAL DIRECTOR <u>C. A. Felt</u>	ADDRESS <u>2411 N. Charles St. Brunswick Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
FEB 14 1991
BUREAU V. S.

Evidence for change
in 8 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1525

FILE No. G 132 APR 10 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Fred.	
CITY (If outside corporate limits, write RURAL and give nearest town) Town Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Town Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 156 W. All Saints		STREET ADDRESS (If rural, give location) 156 W. All Saints	
3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Henry (Last) McKinney		4. DATE OF DEATH (Month) Feb. 6, (Day) 1951 (Year) 19	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug. 22, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stonemason		10b. KIND OF BUSINESS OR INDUSTRY *****	9. AGE last birthday 8D yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Libertytown, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Dennis McKinney		14. MOTHER'S MAIDEN NAME Julia Hill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Theresa Roberts 255 S. Washington St. Getts			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) _____		
Antecedent cause(s) (b) _____		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Throughout 1950, to 2-5 1951, that I last saw the deceased alive on 2-4 1951, and that death occurred at 8: A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 9, 1951	NAME OF CEMETERY OR CREMATORY St. Peters	LOCATION (City, town, or county) Libertytown	(State) Md.
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DATE REC'D BY LOCAL

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

9 February 1951

Elizabeth S. Heath

Charles E. Hicks III

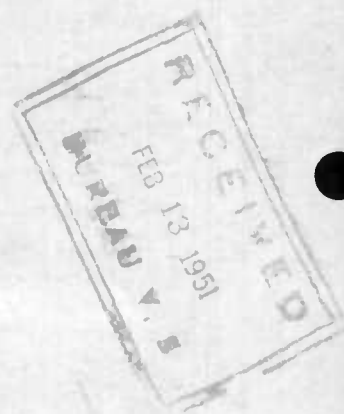
Fred. Md.

504246

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1526

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#3		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethel		STREET ADDRESS Bethel (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) ADELE	(Middle) MARGARETE	(Last) MILLER
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 12 June 1918
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Albert Rinehart		14. MOTHER'S MAIDEN NAME Isabel Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS R. F. D. #3, Norman E. Miller, Frederick, Md.		12. CITIZEN OF WHAT COUNTRY? USA	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1/2 hr.

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) _____	PLACE (Home, farm, factory, street, OF office bldg., etc.) _____	(CITY OR TOWN) _____	(COUNTY) _____	(STATE) _____
SUICIDE _____	INJURY _____			
HOMICIDE _____				
TIME (Month) (Day) (Year) (Hour) _____	INJURY OCCURRED _____	HOW DID INJURY OCCUR? _____		
OF _____	While at _____			
INJURY _____	Work <input type="checkbox"/> Not While <input type="checkbox"/> At work <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from **April**, 19**50**, to **Jan**, 19**51**, that I last saw the deceased alive on **Jan 26**, 19**51**, and that death occurred at **6:15 A**.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Arthur F. Woodward

M. D.

Frederick, Maryland

3 Feb 1951

23. BURIAL OR CREMATION (Specify) Burial	DATE THEREOF 5 Feb 1951	NAME OF CEMETERY OR CREMATORY Locust Grove Cemetery	LOCATION (City, town, or county) Near Libertytown, Maryland	(State) _____
DATE REC'D BY LOCAL REG. 5 February 1951	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS _____	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1527

1. PLACE OF DEATH - COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Washington</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick City</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Yarrowood - Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>Knockville R.I. Box 86</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Bessie</u> (Middle) <u>Estella</u> (Last) <u>Miller</u>	4. DATE OF DEATH (Month) <u>February</u> (Day) <u>27</u> (Year) <u>1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 31 - 1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	9. AGE last birthday <u>45-8-26</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. FATHER'S NAME <u>William Stauber</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. MOTHER'S MAIDEN NAME <u>Lula May Snyder</u>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Alvin Miller - Knockville Md. R.I.</u>		17. INFORMANT AND ADDRESS	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Hemorrhage

Antecedent cause(s)

(b) Hypertension

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH

2 wks.

1 yr.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb. 14, 1951, to Feb. 27, 1951, that I last saw the deceased

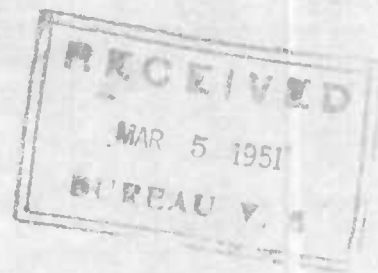
alive on Feb. 27, 1951, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

<u>Arthur F. Woodward</u>	<u>M.D.</u>	<u>Frederick, Md.</u>	<u>2/27/51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>March 2, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Church of the Brethren Cemetery</u>	LOCATION (City, town, or county) <u>Brownsville Md.</u>
DATE REC'D BY LOCAL REG. <u>Feb 28 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	24. FUNERAL DIRECTOR <u>Wm. F. Best Sons</u>	ADDRESS <u>Brownsville Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
OR (If outside corporate limits, write RURAL and give nearest town) <u>Mount Pleasant</u>		OR (If outside corporate limits, write RURAL and give nearest town) <u>Mount Pleasant</u>	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>EDWARD</u> (Middle) <u>JOSEPH</u> (Last) <u>MONAGHAN</u>		4. DATE OF DEATH (Month) <u>February</u> (Day) <u>21</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 7, 1892</u>
9. AGE last birthday <u>58</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Foreman</u>	
11. BIRTHPLACE (State or foreign country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Edward Monaghan</u>		14. MOTHER'S MAIDEN NAME <u>Mary Callahan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>143-09-9271</u>	
17. INFORMANT <u>Mrs. Edward J. Monaghan, Mount Pleasant, Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.1 Immediate cause (a) <u>Coronary Thrombosis</u>		<u>2 hours</u>	
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Atherosclerosis, generalized</u>		<u>10 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <u>SUICIDE</u> <u>HOMICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u> (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1 Oct 50</u> , 19 <u>50</u> , to <u>21 Feb 51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>21 Feb</u> , 19 <u>51</u> , and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Walter J. M.D.</u>		ADDRESS <u>Walthersville Md</u>	
DATE SIGNED <u>21 Feb 51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>February 23, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>		LOCATION (City, town, or county) <u>Woodsboro, Maryland</u>	
24. FUNERAL DIRECTOR <u>C. E. Cline & Son, Frederick, Maryland</u>		ADDRESS	
DATE REC'D BY LOCAL REG <u>23 Feb 1951</u>		REGISTRAR'S SIGNATURE <u>Eligibility G. Hech</u>	

523526

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED NO. 100-100000-100000

1951

1951

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RECEIVED
FEB 28 1951
BUREAU
A. A. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH - COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <i>Maryland</i> COUNTY <i>Frederick</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Thurmont</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Thurmont</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <i>Water Street</i>	
3. NAME OF DECEASED (First) <i>Sarah</i> (Middle) <i>Frances</i> (Last) <i>Myers</i>		4. DATE OF DEATH (Month) <i>Feb.</i> (Day) <i>7</i> (Year) <i>1951</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 1, 1872</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	9. AGE last birthday <i>78</i> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Rees</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY No. <i>no</i>	
17. INFORMANT AND ADDRESS <i>Clarence Myers Thurmont, Md.</i>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <i>Heart Disease - Coronary Occlusion</i>			<i>1 1/2 hours</i>
Antecedent cause(s) (b) <i>420.1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</i>			
(c) <i>none</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <i>no</i>		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Feb. 7, 1951</i> to <i>Feb. 7, 1951</i> that I last saw the deceased alive on <i>Feb. 7, 1951</i> and that death occurred at <i>11 P.m.</i> , from the causes and on the date stated above.			
SIGNATURE <i>James K. Gray, M.D.</i>		DATE SIGNED <i>2-10-51</i>	
23. BURIAL/CREMATION REMOVAL (Specify)		DATE THEREOF <i>Feb. 10, 1951</i>	NAME OF CEMETERY OR CREMATORY <i>Blue Ridge Cemetery</i> LOCATION (City, town, or county) <i>Thurmont, Md.</i> (State)
DATE REC'D BY LOCAL REG. <i>Feb. 10, 1951</i>		REGISTRAR'S SIGNATURE <i>Blanche S. Eyles</i>	24. FUNERAL DIRECTOR <i>M. L. Cecager & Son, Thurmont, Md.</i> ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH - COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u>	
TOWN <u>Middleton Md. R. 1.</u>		TOWN <u>Middleton Md. R. 1.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Middleton Md. R. 1.</u>		STREET ADDRESS (If rural, give location) <u>Middleton Md. R. 1.</u>	
3. NAME OF DECEASED (Type or Print) <u>Clara May Nussamaker</u>	(First) (Middle) (Last)	4. DATE OF DEATH <u>February 11, 1951</u>	(Month) (Day) (Year)
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 12, 1869</u>
9. AGE last birthday <u>81-5-29 yrs.</u>	If under 1 year Months Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (State or foreign country) <u>near Middleton Fred. Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Daniel Reeder</u>		14. MOTHER'S MAIDEN NAME <u>Susan Beachley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs. J. Claude Beachley Middleton Md. R. 1.</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Chr. Valvular heart disease</u>		
Antecedent cause(s) (b) <u>Hypertension.</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Arterio-sclerosis</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>OF INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Aug 8, 1950</u> to <u>Feb 11, 1951</u> , that I last saw the deceased alive on <u>Feb 6, 1951</u> , and that death occurred at <u>3:15 P.m.</u> , from the causes and on the date stated above.		
SIGNATURE <u>J. E. Harp M.D.</u> (Degree or title)		DATE SIGNED <u>2-12-51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Feb. 14, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Bonobus Cemetery</u>
LOCATION (City, town, or county) (State) <u>Bonobus Wash. Co. Md.</u>	24. FUNERAL DIRECTOR <u>Wm. J. Bast</u>	ADDRESS <u>9300 Bonobus Md.</u>
DATE REC'D BY LOCAL REG. <u>Feb 12-51</u>	REGISTRAR'S SIGNATURE <u>Marie Glassell</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1531

Reg. Dist. No. 144

1. PLACE OF DEATH COUNTY <u>Frederick</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Frederick - Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Frederick - Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Minnie Isabelle Bonner</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>8</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 28, 1874</u>
9. AGE last birthday <u>76 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles J. Sicker</u>		14. MOTHER'S MAIDEN NAME <u>Mary Thayer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>220-16-0471</u>	
17. INFORMANT AND ADDRESS <u>William L. Bonner, Thurmont, Md.</u>			

18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary occlusion</u>	<u>Unk</u>
Antecedent cause(s) (b) <u>420.1</u> Disease or conditions, if any, giving rise to the above cause stating the underlying cause last <u>94a</u>	
(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF <u>Death 2 8.51 3 P.m.</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>
HOW DID INJURY OCCUR? <u>Neighbor's home near Crookston, Frederick, Md.</u>	

22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>Dr. R. W. Baer</u>		DATE SIGNED <u>2-8-51</u>	
DEPUTY MEDICAL EXAMINER		ADDRESS <u>Frederick, Md.</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>Feb. 11, 1951</u>	<u>St. Andrew's Cemetery</u>	<u>Thurmont, Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>Feb. 9, 1951</u>	<u>Blanche S. Eyles</u>	<u>M. L. Leager</u>	<u>San Thurmont, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1532
Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital		STREET ADDRESS (If rural, give location) 27 East Fourth Street	
3. NAME OF DECEASED (Type or Print)	(First) GRACE (Middle) W. (Last) ROTHENHOEFER	4. DATE OF DEATH	(Month) 2 (Day) 14 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 6 Aug 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Canada
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS James E. Rothenhoefer, 27 E. 4th St., Frederick, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 294x Immediate cause (a) Polycythemia vera 76b Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 year
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 1, 1950, to Feb. 14, 1951, that I last saw the deceased alive on Feb. 14, 1951, and that death occurred at 7:45 P. m., from the causes and on the date stated above.			
SIGNATURE Bernard Thomas Jr. M.D.		ADDRESS Frederick, Md.	
DATE SIGNED Feb. 15, 1951			
23. BURIAL, CREMATION, REMOVAL (Specify) Removal		DATE THEREOF 16 Feb 1951	
NAME OF CEMETERY OR CREMATORY Bellows Falls, Vermont		LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1533
Reg. Dist. No. 141

1. PLACE OF DEATH COUNTY <u>Fredricks</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Fred.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Brunswick</u> LENGTH OF STAY <u>40 grade</u>		CITY (If outside corporate limits, write, RURAL and give nearest town) TOWN <u>Brunswick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>827 East 'A' St</u>		STREET ADDRESS <u>827 East 'A' St</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Madora</u> (First) <u>Russell</u> (Middle) <u>Russell</u> (Last)		4. DATE OF DEATH <u>2</u> (Month) <u>1</u> (Day) <u>1951</u> (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-6-1859</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE last birthday <u>91</u> yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland Virginia</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Brew Wigginton</u>		14. MOTHER'S MAIDEN NAME <u>Jane Hartman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs Nora Dellow Baltimore Md.</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Heart failure (cardiac decompensation)</u>		
4343 Antecedent cause(s)	(b) <u>aged</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)	
SUICIDE		INJURY	
HOMICIDE			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1/10, 1951, to 2/1, 1951, that I last saw the deceased alive on 2/1, 1951, and that death occurred at 11:45 P m., from the causes and on the date stated above.

SIGNATURE William W. Brown M.D. ADDRESS Brunswick Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>2-4-51</u>	NAME OF CEMETERY OR CREMATORY <u>Park Heights</u>	LOCATION (City, town, or county) <u>Brunswick Maryland</u>
DATE REC'D BY LOCAL REG <u>Feb. 3-51</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Brown</u>	24. FUNERAL DIRECTOR <u>C. A. Zuber Brunswick Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for additions MARYLAND STATE DEPARTMENT OF HEALTH
in red shown on:

FILE No. G 1, 1 MAR 27 1951

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1534

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Canada COUNTY			
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick				CITY (If outside corporate limits, write RURAL and give nearest town) Toronto			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Francis Scott Key Hotel				STREET ADDRESS (If rural give location) 75 Silverbirch Avenue ✓			
3. NAME OF DECEASED (Type or Print)		(First) ANNE		(Middle) E.		(Last) SERGISON	
4. DATE OF DEATH		(Month) February		(Day) 26		(Year) 1951	
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH June 23, 1880	
9. AGE last birthday 70 yrs.		If under 1 year Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Schoolteacher		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Canada				12. CITIZEN OF WHAT COUNTRY? Canada			
13. FATHER'S NAME William Sergison				14. MOTHER'S MAIDEN NAME Susan Henderson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO. None		17. INFORMANT Miss Elsie Hutchinson, Toronto, Canada	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
(a) Immediate cause Coronary Thrombosis						2 hrs.	
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Angina Pectoris						Several years.	
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY			
(CITY OR TOWN)				(COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY Feb 26, 1951 12:20 A.M.				INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			
HOW DID INJURY OCCUR?							
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
SIGNATURE Charles H. Conley, M.D.				DATE SIGNED 2/26/51			
23. BURIAL, CREMATION, REMOVAL (Specify) Removal				NAME OF CEMETERY OR CREMATORY Windsor Home Cem.			
LOCATION (City, town, or county) Frederick, Canada							
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Feb 26 1951				24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland			

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1535

1. PLACE OF DEATH - COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cresgetown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cresgetown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Anna</u> (Middle) <u>Mary</u> (Last) <u>Shryock</u>	4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>19</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 29, 1874</u>
9. AGE last birthday <u>76</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Edward Krise</u>		14. MOTHER'S MAIDEN NAME <u>America A. Hankey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Euro A. Shryock Thurmont - RMD</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Cerebral Hemorrhage</u>		<u>5 days</u>	
Antecedent cause(s) (b) <u>Heart disease, Chr. valvular</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS		19. DATE OF OPERATION <u>no</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? <u>1 year</u>	
21. ACCIDENT (Specify) <u>no</u>		22. I hereby certify that I attended the deceased from <u>Feb. 14</u> , 19 <u>51</u> , to <u>Feb. 18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb. 18</u> , 19 <u>51</u> , and that death occurred at <u>9:30 A. m.</u> , from the causes and on the date stated above.	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>no</u>		24. FUNERAL DIRECTOR <u>B. L. Creager & Son Thurmont - Md.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 21, 1951</u>		DATE THEREOF <u>Feb. 22, 1951</u>	
REGISTRAR'S SIGNATURE <u>Blanche S. Eyer</u>		ADDRESS <u>Thurmont - Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



VS. A15
MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition
in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1536

FILM NO. G. 1 FEB 26 1951

CERTIFICATE OF DEATH

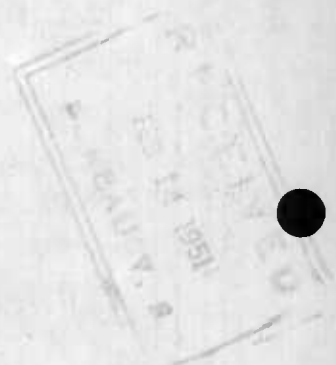
Reg. Dist. No. 141

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Brunswick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Brunswick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>307 East Palomac St</u>		STREET ADDRESS (If rural, give location) <u>307 East Palomac St</u>	
3. NAME OF DECEASED (Type or Print) <u>Roseetta</u> (First) <u>Ella</u> (Middle) <u>Simpson</u> (Last)		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>10</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 8 - 1865</u>
9. AGE last birthday <u>85</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>None</u>	
13. FATHER'S NAME <u>John Frye</u>		14. MOTHER'S MAIDEN NAME <u>Amanda Miles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Anne Ella Frye Brunswick Md</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) <u>right heart failure</u>		
(b) <u>aged</u> (No further information - 2-21-51 - ams)		
(c) <u>antecedent cause(s)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT (Specify) <u>None</u> PLACE (Home, farm, factory, street, OF office hldg., etc.) <u>None</u> (CITY OR TOWN) <u>Brunswick</u> (COUNTY) <u>Maryland</u> (STATE) <u>Frederick</u>		
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>None</u> INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2/10, 1951, to 2/10, 1951, that I last saw the deceased alive on 2/10, 1951, and that death occurred at 6:00 m., from the causes and on the date stated above.

SIGNATURE <u>William H. Brown MD</u>		ADDRESS <u>Brunswick Maryland</u>		DATE SIGNED <u>2/10/51</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE <u>2-12-51</u>	NAME OF CEMETERY OR CREMATORY <u>Union</u>	LOCATION (City, town, or county) (State) <u>Torreville Va.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 10 - 51</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Brown</u>		24. FUNERAL DIRECTOR <u>C. A. Felt & Co Brunswick Md.</u>



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1537

1. PLACE OF DEATH- COUNTY <u>Frederick Co.</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md.</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Legore</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural, W. Woodsboro</u>	
TOWN <u>Legore</u>		TOWN <u>Rural, W. Woodsboro</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>-</u>		STREET ADDRESS <u>-</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>EMMA</u> <u>STITELY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb.</u> <u>13</u> <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 2, 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE last birthday <u>69</u> yrs.
11. FATHER'S NAME <u>Alfred Keeney</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. MOTHER'S MAIDEN NAME <u>Margaret Bowers</u>		14. BIRTHPLACE (State or foreign country) <u>md.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT <u>Mr. Orville Stitley, Fred., md.</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) <u>Cerebral thrombosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
93d Antecedent cause(s) (b) <u>Arteriosclerotic cardiovascular disease</u>	<u>20 years</u>
(c) <u>-</u>	

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 April, 1948, to 13 Feb., 1951, that I last saw the deceased alive on 12 February 1951, and that death occurred at 9:45 A. m., from the causes and on the date stated above.

SIGNATURE <u>James E. Doney Jr.</u>	(Degree or title) <u>MD</u>	ADDRESS <u>Waltersville, Md.</u>	DATE SIGNED <u>14 February 1951</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Feb. 16, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Rocky Hill</u>	LOCATION (City, town, or county) (State) <u>W. Woodsboro, md.</u>
DATE REC'D BY LOCAL REG <u>2/15/51</u>	REGISTRAR'S SIGNATURE <u>L. B. Lawrence</u>	24. FUNERAL DIRECTOR <u>G. C. Barton</u>	ADDRESS <u>Waltersville, md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH

OFFICE OF DEATHS

RECEIVED
FEB 19 1951
AT HEADQUARTERS

RECEIVED
FEB 19 1951
AT HEADQUARTERS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change
in 3 & 4 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Form No. G 131 MAR 9 1951 FOR MEDICAL EXAMINERS

Reg. Dist. No. 1538

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>Baltimore</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>	
TOWN <u>Brunswick</u>		TOWN <u>Baltimore</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>116 East Potomac St.</u>		STREET ADDRESS (If rural, give location) <u>14 Boninger Rd. Oakleigh Village</u>	
3. NAME OF DECEASED (Type or Print) <u>Elmer Lee STOTELMYER</u>		4. DATE OF DEATH <u>FEB. 23 1951</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u>		8. DATE OF BIRTH <u>May 3rd/1881</u>	
9. AGE last birthday <u>69</u> yrs.		10. KIND OF BUSINESS OR INDUSTRY <u>S. O. R. R.</u>	
11. BIRTHPLACE (State or foreign country) <u>W. Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>Wm Stotelmyer</u>		14. MOTHER'S MAIDEN NAME <u>Josephine (Un Known)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war of dates of service)		16. SOCIAL SECURITY No. <u>Elizabth Stotelmyer Oakleigh Village</u>	
17. INFORMANT AND ADDRESS			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(a) <u>Acute Pulmonary Edema</u>			<u>2 hrs +</u>
(b) <u>Arterio-Sclerotic heart disease</u>			<u>7 yrs +</u>
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>Charles H Conley, Jr. M.D.</u>		DATE SIGNED <u>2/21/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>		DATE THEREOF <u>2/26/51</u>	
NAME OF CEMETERY OR CREMATORY <u>London Park</u>		LOCATION (City, town, or county) <u>Baltimore MD</u>	
24. FUNERAL DIRECTOR <u>Wm Hedrick</u>		ADDRESS <u>12178 Bond St</u>	

203506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>216 Carroll Parkway</u>	
3. NAME OF DECEASED (Type or Print) <u>Rev. Clarence C. Sullivan</u>		4. DATE OF DEATH <u>Feb 18 1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>7/12/02</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chrgy</u>	
11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Wm B. Sullivan</u>		14. MOTHER'S MAIDEN NAME <u>Mazie Handley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>NONE</u>	
17. INFORMANT AND ADDRESS <u>Mrs Mary C. Sullivan - Frederick Md</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331c Immediate cause (a) <u>Cerebral Haemorrhage</u>		<u>1 day</u>
Antecedent cause(s) (b) <u>hypertension</u>		<u>1 year</u>
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>arteriosclerosis</u>		

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION <u>Feb</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE <u>IN</u> (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Feb 18 1957</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 17, 1957, to Feb 18, 1957, that I last saw the deceased alive on Feb 18, 1957, and that death occurred at 10 45 A m., from the causes and on the date stated above.

SIGNATURE A. A. Pearce, M.D. ADDRESS Frederick, Md. DATE SIGNED 2/18/57

23. BURIAL CREMATION (Specify) <u>Burial</u>	DATE THEREOF <u>Feb 21, 1957</u>	NAME OF CEMETERY OR CREMATORY <u>Banet Cemetery</u>	LOCATION (City, town, or county) <u>Lycorne</u> (State) <u>MD</u>
DATE REC'D BY LOCAL REG. <u>18 Feb 1957</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	24. FUNERAL DIRECTOR <u>Ed. Suss (Son)</u>	ADDRESS <u>Taneytown Md</u>

009896

MARGIN RESERVED FOR BINDING

I

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (in this place) 40 years		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 East Sixth Street				STREET ADDRESS (If rural, give location) 22 East Sixth Street			
3. NAME OF DECEASED (Type or Print) BENJAMIN		(First) (Middle) JOHN		(Last) SWANN		4. DATE OF DEATH 2 24 19 51	
5. SEX Male		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED		8. DATE OF BIRTH 23 Sept 1873	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Apartment Building Janitor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME LLOYD SWANN		14. MOTHER'S MAIDEN NAME ELIZABETH (LAST NAME UNKNOWN)		17. INFORMANT AND ADDRESS 22 E. SIXTH ST., MRS. HARRIETT SWANN, FREDERICK, MD.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY No. (If yes, give war or dates of service)					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Carcinoma of Sigmoid

INTERVAL BETWEEN ONSET AND DEATH

14 Mo

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Chronic Myocarditis - Atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from June 10, 1949, to July 24, 1951, that I last saw the deceased

alive on July 24, 1951, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

M. D.

FREDERICK, MARYLAND

22 FEB 1951

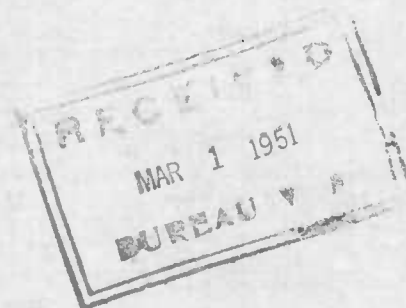
23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		DATE THEREOF 26 FEB 1951		NAME OF CEMETERY OR CREMATORY ST. JOHNS CEMETERY		LOCATION (City, town, or county) FREDERICK, MARYLAND		(State)	
DATE REC'D BY LOCAL REG. 26 Feb. 1951		REGISTRAR'S SIGNATURE Elizabeth B. Hark		24. FUNERAL DIRECTOR M. R. ETCHISON & SON, FREDERICK, MARYLAND		ADDRESS			

770746

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

1541

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md.</u> COUNTY <u>Baltimore</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>3199 Deboy Ave.</u>	
3. NAME OF DECEASED (First) <u>David</u> (Middle) <u>Harmon Gale</u> (Last) <u>Warrenfelts</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>5</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>-</u>	8. DATE OF BIRTH <u>Jan. 26, 1918</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE last birthday <u>3</u> yrs. If under 1 year Months <u>-</u> Days <u>-</u> If under 24 hrs Hours <u>-</u> Min. <u>-</u>
11. FATHER'S NAME <u>Paul M. Warrenfelts</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u> (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY No. <u>-</u>	
17. INFORMANT AND ADDRESS <u>Paul M. Warrenfelts, 3199 Deboy Ave., Balto., Md.</u>		18. MEDICAL CERTIFICATION	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Gun shot wound of abdomen</u>		<u>17 hrs</u>
Antecedent cause(s) (b) <u>Accidental shooting of self</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>with 32 cal. revolver</u>		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
19a. DATE OF OPERATION <u>2-4-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Penetration of bullet</u>	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>Home</u> INJURY <u>Accidental shooting of self</u>	(CITY OR TOWN) <u>Walkersville</u> (COUNTY) <u>md.</u> (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>2-4-51 4:45 m.</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>Accidental shooting of self</u>

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE DR. R. W. BAER (Degree or title) ADDRESS Frederick Md DATE SIGNED 2-5-51

DEPUTY MEDICAL EXAMINER

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Feb. 7, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Int Hope</u>	LOCATION (City, town, or county) <u>Woodsboro</u> (State) <u>md.</u>
DATE REC'D BY LOCAL REG. <u>6 Feb 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Hack</u>	24. FUNERAL DIRECTOR <u>J. C. Barton</u>	ADDRESS <u>Walkersville, md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1542

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick-Rural RD#3		CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick-Rural RD#3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Yellow Springs		STREET ADDRESS (If rural, give location) Yellow Springs	
3. NAME OF DECEASED (First) (Middle) (Last) GEORGE FRANKLIN WASTLER		4. DATE OF DEATH (Month) (Day) (Year) 2 26 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 8 Dec 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm Laborer	9. AGE last birthday 81 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Daniel Wastler		14. MOTHER'S MAIDEN NAME Lucinda (last name unknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Mrs. Samuel E. Harris, Frederick, Md.		R. F. D. #3,	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 hrs.

Antecedent cause(s)

(b)

Arteriosclerosis - generalized

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1957, to Feb. 26, 1951, that I last saw the deceased

alive on Feb. 23, 1951, and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Arthur F. Woodward

M. D.

Frederick, Maryland

26 Feb 1951

23. BURIAL, CREMATION, or other (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

26 Feb 1951

Elizabeth G. Hark

M. R. Etchison & Son, Frederick, Maryland

970116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1543
Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick-Rural RD#5</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Emergency Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> STREET ADDRESS (If rural, give location) <u>368 Madison Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>FANNIE</u>	(Middle) <u>CATHERINE</u>	(Last) <u>WILES</u>
4. DATE OF DEATH	(Month) <u>2</u>	(Day) <u>19</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED? (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>20 June 1873</u>
9. AGE last birthday <u>77</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Maryland</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	
13. FATHER'S NAME <u>Charles H. Lare</u>		14. MOTHER'S MAIDEN NAME <u>Annie Barnes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Harry P. Phillips, 368 Madison St., Frederick, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592x Immediate cause (a) Chronic nephritis
Antecedent cause(s) (b) Chronic myocarditis
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic myocarditis

INTERVAL BETWEEN ONSET AND DEATH
Unknown

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION - 19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY?
Yes ☐ No ☒

21. ACCIDENT (Specify) - PLACE (Home, farm, factory, street, OF office bldg., etc.) - (CITY OR TOWN) - (COUNTY) - (STATE) -
HOMICIDE -
TIME (Month) (Day) (Year) (Hour) - INJURY OCCURRED - HOW DID INJURY OCCUR?
OF - While at - Not While -
INJURY - m. Work ☐ At work ☐

22. I hereby certify that I attended the deceased from Jan. 1951, to Feb. 19, 1951, that I last saw the deceased alive on Feb. 16, 1951, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

SIGNATURE Arthur F. Woodward (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 19 Feb 1951

23. BURIAL, CREMATION, or other disposal (Specify) Burial DATE THEREOF 21 Feb 1951 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) Frederick, Maryland (State) -

DATE REC'D BY LOCAL REG. 20 February 1951 REGISTRAR'S SIGNATURE Elizabeth S. Heck 24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS -

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1544 131

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital		STREET ADDRESS 489 East Church Street (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) JAMES (Middle) LEWIS (Last) WILLS	4. DATE OF DEATH	(Month) 2 (Day) 5 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 24 Dec 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Brush-Maker	9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William L. Wills		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 212-14-6079	
17. INFORMANT AND ADDRESS Mrs. Atlee Boyer, R. F. D. #4, Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221 Immediate cause (a) Arterio-sclerotic Cardio-vascular disease

93d Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 1, 1946, to Feb. 5, 1951, that I last saw the deceased alive on Feb. 5, 1951, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	DATE THEREOF 7 Feb 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
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DATE REC'D BY LOCAL REG. February 1951	REGISTRAR'S SIGNATURE Elizabeth S. Hesch	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS
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MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

690 vvv



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1545
Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick - Rural</u>		STREET ADDRESS <u>Rural</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>ABRAHAM ELIAS WILSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 23 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE MARRIED WIDOWED DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 2 - 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	9. AGE last birthday <u>71</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13. FATHER'S NAME <u>Elias Wilson</u>		14. MOTHER'S MAIDEN NAME <u>Annie Sprinkle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Isaac Saylor, Union Bridge Rural</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
Immediate cause <u>422.1</u>	(a) <u>arterio-sclerotic Cardio-vascular disease</u>	
Antecedent cause(s) <u>93d</u>	(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not White At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

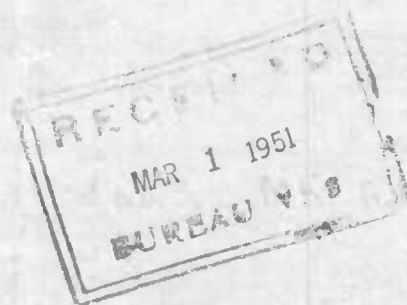
22. I hereby certify that I attended the deceased from Jan. 1, 1951, to Feb. 23, 1951, that I last saw the deceased alive on Feb. 22, 1951, and that death occurred at 11:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Bernard O. Hymas Jr. M.D. Frederick, Md. Feb. 23, 1951

23. BURIAL, CREMATION, REMEM. (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>Feb. 25 - 51</u>	<u>Methodist Cemetery</u>	<u>Union Bridge, Maryland</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>2-3 Feb 1951</u>	<u>Elizabeth S. Hersh</u>	<u>Ed Hartman & Sons</u>	<u>970116 Union Bridge & New Windsor Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Thurmont</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>East Main</u>	
3. NAME OF DECEASED (Type or Print) <u>LAURA MARGARET Wisotzkey</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>28</u> (Year) <u>1951</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 11, 1876</u> 74.7 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Pa.</u>
13. FATHER'S NAME <u>Frederick L. Wisotzkey</u>		14. MOTHER'S MAIDEN NAME <u>Hannah M. Snyder</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Raymond E. Leager Thurmont Md.</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <u>Cerebral Vascular Disease</u>			<u>5-day</u>
(b) Antecedent cause(s) <u>Arteriosclerosis</u>			
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Arteriosclerosis</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 24, 1951</u> , to <u>Feb. 28, 1951</u> , that I last saw the deceased alive on <u>Feb. 28, 1951</u> , and that death occurred at <u>4:25 p.m.</u> , from the causes and on the date stated above.			
SIGNATURE <u>A. A. Pearre</u>		DATE SIGNED <u>2/28/51</u>	
23. BURIAL CREMATION REMOVAL (Specify) <u>Mar 3, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>United Southern</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 2, 1951</u>		24. FUNERAL DIRECTOR ADDRESS <u>Thurmont Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

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